

510(K) SUMMARY

Device Sponsor:

Li Medical, 4 Armstrong Road, Shelton, CT 06484,

203-944-2800

Contact: Date:

Rhodemann Li, Vice President

September 28, 1998

Classification Name:

Unclassified

Common Name:

Bone anchor

Proprietary Name:

Li Medical RotorBladeTM

Predicate Device:

Mitek Surgical Products PanaLok™ RC (K950272)

Device Description:

Made from surgical grade PLL (homopolymer poly

(L(-)-lactide), the LM Anchor is designed as a propeller blade type anchor device through which suture is passed to provide a

means for soft tissue to bone attachment.

Intended Use:

Shoulder - rotator cuff repair

Technical Comparison:

The LM Anchor is similar to the Mitek anchors in its

intended use, however, the bony purchase is accomplished by the LM Anchor through a horizontal propeller blade design

versus a tapered rod design with the Mitek anchors.

Performance Data:

Pre-clinical testing in cadaver specimen showed that the mean

pullout strength of the LM Anchor was substantially equivalent

to the mean pullout strength of the Mitek anchors.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

APR 2 9 1999

Mr. Rhodemann Li Vice President Li Medical Technologies, Inc. 4 Armstrong Road Shelton, Connecticut 06484

Re: K983435

Trade Name: RotorBlade™ Suture Anchor

Regulatory Class: II

Product Codes: MAI and GAS Dated: February 2, 1999 Received: February 4, 1999

Dear Mr. Li:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

Celia M. Witten, Ph.D., M.D.

Director

Division of General and
Restorative Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Device Name:	LM Anchor
Indications For Use: Shoulder: rotator cuff repair	·
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(PLEASE DO NOT WRITE	BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)
Concurr	nce of CDRH, Office of Device Evaluation (ODE)
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	(Division Sign-Off)
	Division of General Restorative Devices 510(k) Number
Prescription Use × (Per 21 CFR 801.109)	OR Over-The-Counter Use
(1 61 21 CMX 001.109)	(Optional Format 1-2-96)

510(k) Number (if known): K9E 3435